

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050687

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0360

2 0360

3

4 1

5 1

6

7 9

8 0

9 4200

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
5. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Catawissa		Length of stay in 1b 55 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Ernst Kramme		4. DATE OF DEATH Dec. 22 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 9, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and state or country) not known		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Frederick Kramme		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Wilhelmina Kramme		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Helen Radekar, Catawissa, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Arteriosclerotic heart disease. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral sclerosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec 10 - 1963 - Dec 22 - 1963. I last saw him on Dec 21 - 63. 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Stener MD (Degree or title)		22b. ADDRESS Pac. for Rev.	
22c. DATE SIGNED 12/23/63		22d. LOCATION (City, town, or county) Catawissa Mo	
23a. BURIAL CREMATION, REMOVAL (Specify) Dec 26 1963		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) Catawissa	
24. FUNERAL DIRECTOR Mrs. John L. Shuler Pacific Mo		25. DATE RECD. BY LOCAL REG. Dec 26, 1963	
26. REGISTRAR'S SIGNATURE Mary B. Groves			

USE BLACK INK
OR

TYPEWRITER RIBBON

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.